Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE HOLYOKE HOSPITAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HOLYOKE MEDICAL CENTER, INC.

575 BEECH STREET
HOLYOKE, MA 01040

2b Employer Identification Number (EIN) 22-2520073

2c Plan Sponsor's telephone number 413-534-2547

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2025	BEVERLY FEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

HOLYOKE MEDICAL CENTER, INC.

575 BEECH STREET
HOLYOKE, MA 01040

3b Administrator's EIN: 22-2520073

3c Administrator's telephone number: 413-534-2500

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1323
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	240
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ **A** (Insurance Information) – Number Attached 0
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE HOLYOKE HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOLYOKE MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
22-2520073

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2023

2 Assets:

a Market value	**2a**	85117289
b Actuarial value	**2b**	85117289

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	748	67773083	67773083
b For terminated vested participants	340	15849326	15849326
c For active participants	240	15230589	15230589
d Total	1328	98852998	98852998

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.18 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1384000
c Target normal cost	**6c**	1384000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/15/2025
Date

DAVID MIRABITO
Type or print name of actuary

23-04903
Most recent enrollment number

SENTINEL BENEFITS GROUP, INC.
Firm name

781-914-1200
Telephone number (including area code)

100 QUANNAPOWITT PARKWAY, SUITE 402
WAKEFIELD, MA 01880
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.38 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1853
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.36 %		99
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1952
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.10 %
15	Adjusted funding target attainment percentage	15	86.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2024	210873	0	07/15/2024	210873	0
02/15/2024	210873	0	08/15/2024	210873	0
03/15/2024	210873	0	08/30/2024	1000000	0
04/15/2024	210873	0	09/03/2024	1000000	0
05/15/2024	210873	0	09/04/2024	1000000	0
06/15/2024	210873	0	09/06/2024	1000000	0
			Totals ► 18(b)	14700260	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	14293468

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/17/2024	210873	0			
10/15/2024	210873	0			
10/18/2024	3991530	0			
10/24/2024	4600000	0			
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1384000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13735709	1041936
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2425936

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	2425936
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	14293468
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	11867532
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
THE HOLYOKE HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLYOKE MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
22-2520073

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SENTINEL BENEFITS GROUP, LLC

20-5916766

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SENTINEL BENEFITS GROUP, LLC

20-5916766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	453561	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SHEPHERD KAPLAN LLC

83-0368447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	261675	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PENCHECKS, INC.

8580 LA MESA BLVD, STE 101
LA MESA, CA 91941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29136	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	NONE	10443	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MEYER BROTHERS KALICKA, P.C.

04-2713795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
THE HOLYOKE HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLYOKE MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
22-2520073

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1688184	415993
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	740990	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	383471	205299
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	11560598	177295
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	70213581	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	84586824	798587
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		373395
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	35670	425192
k	Total liabilities (add all amounts in lines 1g through1j)	1k	35670	798587
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	84551154	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	14700260	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	-425192	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14275068
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1187091	
	(B) U.S. Government securities	2b(1)(B)	192605	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1379696
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	840914	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		840914
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7751922	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7888430	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-136508
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-32430
c Other income	2c		192527
d Total income. Add all **income** amounts in column (b) and enter total	2d		16519267
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	100191392	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		100191392
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	453561	
(4) IQPA audit fees	2i(4)	10400	
(5) Investment advisory and investment management fees	2i(5)	261675	
(6) Bank or trust company trustee/custodial fees	2i(6)	10443	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	142950	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		879029
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		101070421
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-84551154
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MEYERS BROTHERS KALICKA, P.C. **(2)** EIN: 04-2713795

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546030.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
THE HOLYOKE HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLYOKE MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
22-2520073

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 366

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 70.0 % Other: 30.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A .

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected Benefit Payments

2023

This Form is Open to Public Inspection

Name of Plan	THE HOLYOKE HOSPITAL PENSION PLAN						
Plan Year Begin Date	12/01/2023	**Plan Year End Date**	11/30/2024	**EIN**	22-2520073	**PN**	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	382185	249333	6489822	7121340
2024	446574	429541	6368139	7244254
2025	599699	549068	6235004	7383771
2026	727235	620459	6090698	7438392
2027	786576	752285	5943508	7482369
2028	873120	862117	5776519	7511756
2029	971803	968498	5597262	7537563
2030	1034325	1089671	5405640	7529636
2031	1123049	1175526	5201268	7499843
2032	1171366	1230449	4983598	7385413
2033	1188868	1263932	4753859	7206659
2034	1229454	1288165	4512009	7029628
2035	1228397	1326866	4258902	6814165
2036	1256768	1338201	3995905	6590874
2037	1253731	1333561	3726585	6313877
2038	1255919	1335245	3447854	6039018
2039	1250609	1332124	3155226	5737959
2040	1233861	1330228	2862413	5426502
2041	1202565	1319425	2580450	5102440
2042	1166362	1294311	2303361	4764034
2043	1135000	1272753	2034399	4442152
2044	1089972	1232884	1776750	4099606
2045	1067691	1189055	1533355	3790101
2046	1022020	1146230	1306738	3474988
2047	975595	1093645	1098913	3168153

Name of Plan	THE HOLYOKE HOSPITAL PENSION PLAN						
Plan Year Begin Date	12/01/2023	**Plan Year End Date**	11/30/2024	**EIN**	22-2520073	**PN**	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2048	922685	1036822	911350	2870857
2049	864653	976178	744892	2585723
2050	805773	911780	599722	2317275
2051	744755	846325	475386	2066466
2052	684345	780519	370841	1835705
2053	624164	713809	284573	1622546
2054	565402	648127	214749	1428278
2055	508673	584241	159344	1252258
2056	454522	522862	116265	1093649
2057	403398	464626	83454	951478
2058	355656	410045	58982	824683
2059	311542	359487	41104	712133
2060	271192	313172	28306	612670
2061	234635	271173	19321	525129
2062	201813	233436	13124	448373
2063	172591	199810	8915	381316
2064	146779	170073	6092	322944
2065	124151	143949	4212	272312
2066	104452	121134	2962	228548
2067	87412	101315	2125	190852
2068	72759	84190	1557	158506
2069	60223	69470	1164	130857
2070	49546	56886	883	107315
2071	40489	46194	676	87359
2072	32842	37170	520	70532

THE HOLYOKE HOSPITAL
PENSION PLAN
(AN ENTITY IN LIQUIDATION)

FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

THE HOLYOKE HOSPITAL PENSION PLAN
(AN ENTITY IN LIQUIDATION)
FINANCIAL STATEMENTS

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Supplemental Information:

- Schedule H, Line 4i - Schedule of Assets (Held at End of Year)* 16
- Schedule H, Line 4j - Schedule of Reportable Transactions* 17

Certain other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act (ERISA) of 1974 have been omitted because they are not applicable.

*Refers to Form 5500, Annual Return of Employee Benefit Plan

MeyersBrothersKalicka, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS STRATEGISTS

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
The Holyoke Hospital Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the accompanying financial statements of The Holyoke Hospital Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets in liquidation as of November 30, 2024 and January 25, 2024 and the statement of net assets available for benefits as of November 30, 2023, and the related statement of changes in net assets available for benefits and liquidating activities for the periods from December 1, 2023 to January 25, 2024 and January 26, 2024 to November 30, 2024 (in liquidation) and for the year ended November 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Holyoke Hospital Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended November 30, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Holyoke Hospital Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Liquidation Basis

As discussed in Note 2 to the financial statements, the Board of Directors of Holyoke Medical Center (the "Sponsor") approved a plan of liquidation on January 25, 2024, and the Sponsor commenced liquidation shortly thereafter. As a result, the Plan has changed its basis of accounting from the accrual basis of accounting for periods through January 25, 2024 to the liquidation basis used in presenting all subsequent financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Holyoke Hospital Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Holyoke Hospital Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Holyoke Hospital Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of November 30, 2024 and Schedule of Reportable Transactions for the year ended November 30, 2024, together referred to as "supplemental information", are presented for purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Meyer Brother Kolicka, P.C.

Holyoke, Massachusetts
September 10, 2025

THE HOLYOKE HOSPITAL PENSION PLAN
(AN ENTITY IN LIQUIDATION)

STATEMENTS OF NET ASSETS IN LIQUIDATION AS OF NOVEMBER 30, 2024 AND JANUARY 25, 2024 AND STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AS OF NOVEMBER 30, 2023

	November 30, 2024 (In Liquidation)	January 25, 2024 (Liquidation Date)	November 30, 2023
Assets			
Investments (at fair value)	$ 177,295	$ 73,053,767	$ 81,774,179
Cash - noninterest-bearing	415,993	12,100,593	1,688,184
Contribution receivable	-	-	740,990
Dividends receivable	-	-	378,471
Receivable from insurance company for annuity overfunding	205,299	-	-
Prepaid administrative expenses	-	-	5,000
Total assets	798,587	85,154,360	84,586,824
Liabilities			
Accrued liabilities for liquidation	(373,395)	-	-
Broker fees payable	-	-	(35,670)
Due to Plan Sponsor	(425,192)	-	-
Total liabilities	(798,587)	-	(35,670)
Net assets in liquidation and available for benefits	$ -	$ 85,154,360	$ 84,551,154

The accompanying notes are an integral part of these financial statements.

THE HOLYOKE HOSPITAL PENSION PLAN
(AN ENTITY IN LIQUIDATION)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND LIQUIDATING ACTIVITIES
FOR THE PERIODS ENDED NOVEMBER 30, 2024 AND JANUARY 25, 2024
AND FOR THE YEAR ENDED NOVEMBER 30, 2023

	Year Ended November 30, 2024	January 26, 2024 to November 30, 2024 (In Liquidation)	December 1, 2023 to January 25, 2024	Year Ended November 30, 2023
Additions to net assets attributed to:				
Investment income:				
Interest and dividends	$ 1,563,545	$ 269,667	$ 1,293,878	$ 3,065,872
Net appreciation in fair value of investments	680,654	507,285	173,369	376,526
Total investment income	2,244,199	776,952	1,467,247	3,442,398
Employer contributions	393,552	-	393,552	2,640,459
Total additions	2,637,751	776,952	1,860,799	6,082,857
Deductions from net assets attributed to:				
Benefits paid to participants	5,324,154	4,213,998	1,110,156	6,469,216
Administrative expenses	879,029	731,592	147,437	1,269,830
Total deductions	6,203,183	4,945,590	1,257,593	7,739,046
Net (decrease) increase in net assets before liquidation basis adjustments	(3,565,432)	(4,168,638)	603,206	(1,656,189)
Liquidation basis adjustments:				
Additional employer contributions to fund liquidation	14,306,708	14,306,708	-	-
Purchase of annuity contracts, net	(77,604,180)	(77,604,180)	-	-
Lump sum distributions paid to participants	(17,263,058)	(17,263,058)	-	-
Excess contributions refunded to Sponsor	(425,192)	(425,192)	-	-
Total liquidation basis adjustments	(80,985,722)	(80,985,722)	-	-
Net assets available for benefits:				
Beginning of year/period	84,551,154	85,154,360	84,551,154	86,207,343
End of year/period	$ -	$ -	$ 85,154,360	$ 84,551,154

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN:

The following brief description of The Holyoke Hospital Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General

Holyoke Medical Center, Inc., formerly Holyoke Hospital, Inc., (the "Sponsor"), established The Holyoke Hospital Pension Plan (the "Plan"), a defined benefit plan. The Plan was most recently amended in 2015 mandating lump-sum distribution payments to all participants with balances of less than $5,000. The Plan is currently operating as a pre-approved Volume Submitter Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006 (PPA).

On January 25, 2024, the Board of Directors of the Sponsor approved a motion to move forward with the process to terminate the Plan, with an effective date of May 15, 2024, subject to regulatory approval. Effective with this motion, the Plan changed its basis of accounting to the liquidation basis of accounting. All participants received detailed benefit disclosures and information to make a decision to elect to receive their retirement benefit in the form of a lump sum payment or an annuity. Following participant elections, the final settlement cost was calculated. In October 2024, the Plan distributed lump sums and purchased annuities for participants electing this alternative method (see Note 5).

Eligibility and vesting

The Plan included the eligible employees of Holyoke Medical Center, Inc., and Valley Health Systems, Inc. (collectively the "Employers"). The Plan was amended on October 24, 2008 to cease benefit accruals effective on the last day of the Plan year, November 30, 2008. After November 30, 2008, no additional employees are eligible to participate in the Plan. The Plan is a non-contributory defined benefit pension plan covering employees of the Employers who had (i) completed a one year of service beginning with their date of hire and in which they work at least 1,000 hours and (ii) attained age 21. Full vesting occurred upon completion of five years of vested service. Participants are 100% vested in any employee contributions previously made to the Plan (see Note 5).

Administration of the Plan

Reliance Trust Company, Inc. ("Reliance") is the trustee of the Plan. Excluding the two Hedge Funds, the assets of the Plan are held by Fidelity Institutional Brokerage Group ("FIBG"), a division of Fidelity Brokerage Services, LLC. Sentinel Benefits & Financial Group ("Sentinel") and Penchecks Trust ("Penchecks") are third-party administrators of the Plan responsible for actuarial services and general administration of the Plan.

Pension benefits

The Plan provides for normal retirement pensions to participants that reach age 65 or complete five years of participation, if later. The monthly normal pension benefit, payable as a life annuity, is calculated as the sum of (i) 1% of average compensation up to $1,500 per month, plus (ii) 1.5% of average compensation in excess of $1,500 per month multiplied by years of service up to a maximum of thirty.

For married participants, the normal method of benefit payment is an actuarially calculated equivalent 50% Joint and Survivor Annuity. Alternative payment methods are available but require married participants to provide Spousal Consent forms.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

As a result of the Sponsor's Board of Directors approving a plan of liquidation, the Plan adopted the liquidation basis of accounting effective January 25, 2024. The liquidation basis is required when liquidation is imminent. Under the liquidation basis of accounting, assets are valued at their net realizable values, and liabilities are stated at their estimated settlement amounts. The liquidation basis of accounting requires management to make significant estimates and judgements, such estimates may differ from actual future settlements and the difference could be material due to the inherent level of uncertainty in the market. The liquidation value and fair market value (GAAP value) of investments are the same.

The Sponsor completed its liquidation during August 2025. An independent third-party actuary was engaged to estimate the actuarial present value of accumulated Plan benefits.

The statement of net assets available for benefits at November 30, 2023 and the statement of changes in net assets available for benefits for the year ended November 30, 2023 and the period from December 1, 2023 to January 25, 2024 have been prepared on the accrual basis and are in accordance with accounting principles generally accepted in the United States of America).

Investment valuation and income recognition

Investments held by the Plan are primarily mutual funds and are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Other investments include hedge funds and partnership investments, which are valued at estimated fair value based on the underlying net asset value of the funds.

The Plan administrator is responsible for determining the Plan's valuation policies and analyzing information provided by the investment advisors and record keeper that is used to determine the fair value of the Plan's investments. See Note 7 for further discussion of fair value measurements.

In accordance with the policy of stating investments at fair value, net unrealized appreciation or (depreciation) for the year is reflected in the statements of changes in net assets available for benefits. The net appreciation (depreciation) in the fair value of its investments consists of realized gains or losses and unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Hedge funds

During 2015, the Plan entered into a series of swaps and options with an underlying portfolio of future funds designed to provide a hedge against inflation and to provide investment returns that are uncorrelated to the traditional capital markets. The Plan recognized these funds as either assets or liabilities in the statements of net assets and measured those instruments at fair value based upon the net asset value of the fund. Changes in the fair value of those instruments were reported in the statements of changes in net assets depending on the use of the fund and whether it qualified for hedge accounting. The Plan assesses on an ongoing basis, whether the contracts were highly effective in offsetting changes in fair values of the hedged item. If determined that the hedge was no longer effective, the Plan will discontinue hedge accounting with respect to that fund prospectively. Investment income on the hedge was adjusted to include payments made or received under such hedge agreements (see Note 11).

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements, the actuarial present value of accumulated Plan benefits and accompanying disclosures. Actual results may differ from those estimates.

Payment of benefits

Benefit payments to participants are recorded when paid. The Sponsor distributed the remaining assets of the Plan to the remaining participants during October 2024. Total lump-sum distributions paid were $17,263,058. The Sponsor contracted with an insurance company to purchase annuities totaling $77,604,180 for the remaining participants who elected that option. The contract contained a provision to calculate a premium adjustment to reflect the correction of any data misstatements as of the data finalization date. This total purchase of annuity contracts was net of a refund the Plan received due to the calculated premium adjustment in the amount of $205,299 during May 2025. The Plan recorded a receivable as of November 30, 2024 for this refund.

Administrative expenses

Administrative expenses are paid directly out of the Plan and are recognized in the year incurred. Upon the liquidation basis of accounting, expenses anticipated subsequent to year end were also accrued. Accrued liabilities of $373,395 on the statements of net assets at liquidation as of November 30, 2024 include expenses incurred subsequent to November 30, 2024.

Reclassification

Certain accounts in the prior year financial statements have been reclassified to conform with current year presentation. The reclassification occurred within net appreciation in fair value of investments and benefits paid to participants. The reclassification had no reported change in the net decrease on the statements of changes in net assets available for benefits and liquidating activities for the year ended November 30, 2023.

Due to Plan Sponsor

Upon purchase of the annuities in October 2024 for the Plan termination (see "Payment of benefits" above), there were excess funds in the Plan which are payable back to the Sponsor. These amounts totaled $425,192 and are included as a liability on the statements of net assets in liquidation as of November 30, 2024.

3. FUNDING POLICY:

Each year the Employers are required to contribute to the Plan an amount which is actuarially determined by an enrolled actuary in order to satisfy minimum funding standards under ERISA. Contributions are paid directly into a trust fund maintained by the trustee. The trust is a separate legal entity from the Employers, and the assets held by the trustee are used only to pay benefits and expenses. Trustee, actuarial, investment service and audit fees are paid directly by the Plan.

The employers' contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

For the year ended November 30, 2024 the Plan Sponsor made a settlement payment to fund the liquidation of the Plan (see Note 5).

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are the sum of: (a) all benefits expected to be paid to former participants, and their beneficiaries, who have retired or terminated with vested rights, and (b) all benefits expected to be paid, at future dates, to active participants, based on pay rates and service through November 30, 2008, the date future benefits ceased.

The accumulated plan benefits for active employees are based on the average of each participant's five highest consecutive compensation amounts of the last ten years in which benefit service was awarded through November 30, 2008. Benefits payable under all circumstances, such as retirement, early retirement (age 55 and five years of service), death and termination of employment, are included.

The actuarial present value of accumulated Plan benefits is determined by an actuary from Sentinel Benefits and Financial Group, and results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

During the year ended November 30, 2024, the Plan distributed all participant benefits through lump sum payments and purchased annuities (see Note 2).

The more significant assumptions used in the valuations as of December 1, 2023 and 2022 are as follows:

Discount rate:	7.00%
Mortality basis:	PRi-2012 Mortality Table with Scale MP-2021
Normal retirement age:	65
Salary scale:	None

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS: (CONTINUED)

The actuarial present value of accumulated Plan benefits is presented as follows:

	December 1,		
	2024	2023	2022
Vested benefits:			
Retired employees	$ -	$ 58,733,042	$ 57,609,478
Active and terminated employees	-	25,177,480	27,433,748
	-	83,910,522	85,043,226
Nonvested benefits	-	-	-
Total actuarial present value of accumulated Plan benefits	$ -	$ 83,910,522	$ 85,043,226

The changes in accumulated Plan benefits are presented as follows:

Actuarial present value of accumulated Plan benefits at December 1, 2022	$ 85,043,226
Increase due to decrease in discount period	5,730,433
Benefits paid	(6,469,216)
Additional benefits earned plus actuarial experience	(393,921)
Net decrease	(1,132,704)
Actuarial present value of accumulated plan benefits at December 1, 2023	$ 83,910,522
Increase due to decrease in discount period	$ 5,663,737
Benefits paid	(100,191,392)
Adjustments due to actuarial assumption changes	10,617,133
Net decrease	(83,910,522)
Actuarial present value of accumulated plan benefits at December 1, 2024	$ -

The actuarial assumptions used in the valuation as of December 1, 2023 and 2022 were based on the presumption that the Plan would continue.

The adjustment of $10,617,133 due to actuarial assumption changes in the present value of accumulated Plan benefits for the December 1, 2024 valuation is due to remeasurement of the present value of benefits on a plan termination basis. The principal assumptions used were a discount rate of 7.00% and the retirement age of 65. Lump sum payments were determined using the IRS 2023 Applicable Mortality Table and the Code Section 417(e) segment interest rates for October 2023 and the cost of annuity contract was used for those not electing a lump sum.

5. PLAN TERMINATION:

As discussed in Note 1, during 2024 the Board of Directors of Holyoke Medical Center voted to terminate the Plan. Upon termination of the Plan, the net assets were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Accrued benefits attributable to participant contributions, taking into account those paid out before termination.

B. With respect to participants or beneficiaries who have been receiving (or who were eligible to elect to receive) plan benefits in the form of periodic payments during the entire three year period ending on the Plan termination date, the amount of accrued benefit based on the Plan provisions which were in effect during the five year period ending on the Plan termination date and under which such benefit would be the least, but, for participants or beneficiaries who have been receiving benefits during such three year period, not more than the lowest benefit in pay status during such period.

A. Other vested benefits that are or would be guaranteed by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) if such guaranteed amounts are determined without regard to provisions of Sections 4022(b)(5) and (6) of ERISA.

B. All other accrued annuity benefits as to which an allocation has not been made pursuant to the above priorities.

C. All nonvested benefits.

Upon Plan termination, employees affected thereby shall have a nonforfeitable right to their accrued benefit to the extent funded. The administrator, upon termination, shall cause the assets of the Plan to be allocated for the purposes set forth, and in the order of priorities established by Section 4044(d)(3) of ERISA. Any residual assets remaining thereafter shall be returned to the employer. The employer shall not be liable to participants for benefits other than those which can be provided by the Plan's assets and PBGC insurance.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pension. However, PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefits that the PBGC guarantees.

Whether all participants receive their benefits once the Plan terminates will depend on the sufficiency, at that time, of the Plan's net assets to provide accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and level of benefits guaranteed by the PBGC.

The Sponsor voted to terminate the Plan effective May 15, 2024, and funded the Plan so that all participants received their full benefits. The Sponsor made additional employer contributions of $14,306,708 to fund the liquidation of the Plan.

6. TAX STATUS:

The Plan filed an Application for Determination for Terminating Plan with the Internal Revenue Service ("IRS") and obtained favorable ruling related to termination of the Plan. The Plan received its most recent determination letter from the IRS dated May 8, 2025, stating that the Plan is qualified under the Internal Revenue Code ("the Code") and, therefore, the related trust is exempt from taxation. Once qualified, the plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in these financial statements.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of November 30, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to fiscal year 2021.

7. FAIR VALUE MEASUREMENTS:

The Plan follows established guidelines for a fair value hierarchy that prioritizes the inputs used to measure fair value. An asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. This hierarchy prioritizes the inputs into three broad levels as follows:

Level 1 Quoted prices (unadjusted) in active markets for identical assets or liabilities. Market price is generally obtained from exchange or dealer markets.

Level 2 Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Inputs are obtained from various sources including market participants, dealers and brokers.

Level 3 Unobservable inputs that are supported by little or no market activity as they trade infrequently or not at all and that are significant to the fair value of the assets or liabilities.

7. FAIR VALUE MEASUREMENTS: (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their net asset value (NAV) and to transact at that price.

Partnership: Valued at the daily closing price reported on the active market on which the stock is traded.

Hedge funds: Valued at the NAV per share of the hedge fund held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value and those measured at fair value based on NAV per share, as of November 30:

	Fair Value Measurements at November 30, 2024			
	Total Fair Value	Level 1	Level 2	Level 3
Hedge fund measured at NAV	$ 177,295			
Total investments measured at fair value	$ 177,295			

	Fair Value Measurements at November 30, 2023			
	Total Fair Value	Level 1	Level 2	Level 3
Investments at fair value:				
Mutual funds	$ 70,213,581	$ 70,213,581	$ -	$ -
Partnership	3,672,169	3,672,169	-	-
	73,885,750	$ 73,885,750	$ -	$ -
Hedge funds measured at NAV	7,888,429			
Total investments measured at fair value	$ 81,774,179			

8. INFORMATION CERTIFIED BY CUSTODIAN:

The Plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 for the Plan years ended November 30, 2024 and 2023. Accordingly, Reliance Trust Company, Inc. ("Reliance"), the trustee of the Plan, certified to the Plan administrator the fair value and physical custody of investments to be complete and accurate as of November 30, 2024 and 2023 and investment transactions for the Plan years ended November 30, 2024 and 2023 and investments included in the statements of net assets in liquidation and available for benefits, interest and dividend income, and net appreciation in the fair value of investments included in the statements of changes in net assets available for benefits and liquidating activities for the years ended November 30, 2024 and 2023 and the information contained in Notes 7 and 11 concerning investments and information included in the schedule of assets (held at end of year) and schedule of reportable transactions.

9. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. RELATED PARTY TRANSACTIONS:

Certain plan investments are held and managed by FIBG. FIBG is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to FIBG by the Plan for investment management services amounted to approximately $2,000 and $14,000 for the years ended November 30, 2024 and 2023, respectively.

Reliance is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to Reliance for services amounted to approximately $10,000 and $14,000 for the years ended November 30, 2024 and 2023, respectively.

Penchecks and Sentinel are third-party administrators of the Plan. As such, fees paid by the Plan to these third-party administrators qualify as party-in-interest transactions. Fees paid by the Plan for the years ended November 30, 2024 and 2023 were approximately $483,000 and $115,000, respectively.

Shepherd Kaplan is the investment/financial advisor of the Plan. As such, fees paid by the Plan to Shepherd Kaplan are party-in-interest transactions. Fees paid by the Plan for the years ended November 30, 2024 and 2023 were approximately $262,000 and $294,000, respectively.

10. RELATED PARTY TRANSACTIONS: (CONTINUED)

Total audit fees paid by the Plan for the year ended November 30, 2024 and 2023 totaled approximately $10,000 and $20,000, respectively.

Other fees paid by the Plan are reimbursed through an expense sharing arrangement with FIBG. Reimbursement of these expenses amounted to approximately $15,000 and $108,000 for the years ended November 30, 2024 and 2023, respectively and are included as a reduction to administrative expenses on the statements of changes in net assets available for benefits.

11. HEDGE FUNDS:

Hedge fund swap and option contracts designated and qualifying as cash flow hedges are reported at fair value. During the year ended November 30, 2015, the Plan entered into swap and option agreements with the Kohinoor Core Fund. During the year ended November 30, 2021, the Plan entered into swap and option agreements with the Electron Global Fund.

During February 2022, the Plan redeemed all shares previously purchased on the Electron Global Fund in the amount of $1,973,175 and purchased 1,724.44 shares for a purchase price of $3,573,175. During April 2022, the Plan purchased 2,048.98 additional shares of the Kohinoor Core Fund for a purchase price of $980,951.

During February 2024, the Plan redeemed all shares of the Kohinoor Core Fund in the amount of $4,383,312. During March 2024, the Plan redeemed all shares of the Electron Global Fund in the amount of $3,545,905. The Fund held back $177,295 pending the completion of the annual audit of the Fund. During March 2025, the remaining funds were deposited into the Plan.

The notional amounts of $177,295 and $7,888,429 are being carried by the Plan as of November 30, 2024 and 2023, respectively.

12. SUBSEQUENT EVENTS:

Additional funds in the Plan after all liabilities were settled were refunded to the Sponsor as excess contributions in August 2025.

Management has evaluated subsequent events through September 10, 2025, the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

THE HOLYOKE HOSPITAL PENSION PLAN
(AN ENTITY IN LIQUIDATION)

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF NOVEMBER 30, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Cash and cash equivalents			
*	Holding and recapture accounts	7-day yield 4.29%	$ 415,993	$ 415,993
	Hedge fund			
*	Electron Global Fund	Redemption holdback	177,295	177,295
	Totals		$ 593,288	$ 593,288

Employer Identification Number: 22-2520073
Plan Number: 001

An "*" in column (a) identifies those "parties in interest" as defined in the Department of Labor regulations.

THE HOLYOKE HOSPITAL PENSION PLAN
(AN ENTITY IN LIQUIDATION)

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED NOVEMBER 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single of transaction in excess of 5% of plan assets						
Fidelity	Carillon Reams Unconstrained Bond Fund Cl I	$ -	$ 9,469,671	$ 9,261,631	$ 9,469,671	$ 208,040
Fidelity	FPA Crescent	-	8,529,939	8,400,064	8,529,939	129,875
Fidelity	First Eagle Gold Fd Cl R6	-	4,598,260	4,583,834	4,598,260	14,426
Fidelity	JPMorgan Strategic Income Opps R5	-	6,976,470	6,976,470	6,976,470	-
Fidelity	Parnassus Core Equity Investor	-	8,736,107	8,383,181	8,736,107	352,926
Fidelity	Thornburg Strategic Income I	-	9,419,987	9,221,672	9,419,987	198,315
Fidelity	Victory Global Energy Transition	-	5,186,111	5,305,749	5,186,111	(119,638)
Fidelity	US Treasury Security Dtd 11/15/23 4.5% 11/15/33	10,533,203	-	10,533,203	10,123,400	n/a
Fidelity	US Treasury Security Dtd 11/15/23 4.375% 11/30/28	10,235,938	-	10,235,938	10,232,800	n/a
Fidelity	US Treasury Security Dtd 11/30/23 4.375% 11/30/28	-	10,142,188	10,235,938	10,306,300	(93,750)
Fidelity	US Treasury Security Dtd 2/15/14 zero coupon 2/15/44	-	4,949,120	4,949,120	4,949,120	-
Fidelity	US Treasury Security Dtd 11/15/23 4.5% 11/15/33	-	10,259,766	10,533,203	10,560,600	(273,437)
Fidelity	US Treasury Bond Strip Iss 8/16/1999 0% 8/15/29	-	4,923,820	4,813,500	4,923,820	110,320
Kohinoor	Kohinoor Core (Cayman) Fund Cl A	-	4,383,312	4,480,993	4,383,312	(97,681)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Fidelity	Cash Reserves	168,124,077	-	168,124,077	168,124,077	n/a
Fidelity	Cash Reserves	-	169,354,818	169,354,818	169,354,818	-
Fidelity	Salient MLP & Energy Infrastructure R6	-	7,722,541	7,707,775	7,697,932	14,766
Fidelity	US Treasury Security Dtd 2/15/14 zero coupon 2/15/44	4,949,120	-	4,949,120	4,933,930	n/a
Fidelity	US Treasury Bond Strip Iss 8/16/1999 0% 8/15/29	4,813,500	-	4,813,500	5,034,780	n/a

Employer Identification Number: 22-2520073
Plan Number: 001

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Line 26 – Schedule of Active Participant Data

	Years of Credited Service:									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	2	0	4	0	0	0	0	0	0	0
40 to 44	2	0	16	0	3	0	0	0	0	0
45 to 49	1	0	11	0	6	0	2	0	0	0
50 to 54	2	0	17	0	10	0	10	0	7	0
55 to 59	2	0	11	0	11	0	8	0	7	0
60 to 64	2	0	18	0	11	0	9	0	6	0
65 to 69	0	0	5	0	3	0	5	0	6	0
70 & up	1	0	4	0	0	0	1	0	1	0

	Years of Credited Service:									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0
55 to 59	7	0	0	0	0	0	0	0	0	0
60 to 64	12	0	8	0	0	0	0	0	0	0
65 to 69	5	0	1	0	2	0	0	0	0	0
70 & up	1	0	0	0	0	0	0	0	0	0

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A. Actuarial Cost Methods

Actuarial Cost Method: Unit Credit Method

Under this method, a participant's actuarial accrued liability is equal to the present value of the benefits earned as of the valuation date. The unfunded actuarial accrued liability equals the sum of the individual accrued liabilities minus the actuarial value of assets. An active participant's normal cost is the present value of the projected benefit to be earned in the upcoming year.

Asset Valuation Method: Market value of plan assets.

B. Actuarial Assumptions

Funding Target Interest Rates:	4.75% / 5.00% / 5.74%
Funding Mortality:	IRS 2023 Static Mortality Table
Disability:	None
Retirement:	Age 65 or current age if greater
Withdrawal:	None
Salary Increases:	None
Form of Payment:	Monthly Pension
Marital Status:	80% are assumed married with husband three years older than wife
Administrative Expenses:	$1,384,000

Name of Plan:	The Holyoke Hospital Pension Plan					
Three Digit Plan Number:	001					
Employer Identification Number:	22-2520073					
Schedule H, line 4j - Schedule of Reportable Transactions	11/30/24					
(a)Identity of party involved	(b)Description of asset (include interest rate and maturity in case of a loan)	(c)Purchase price	(d)Selling price	(g)Cost of asset	(h)Current value of asset on transaction date	(l)Net gain or (loss)
Category (i) - Single transactions in excess of 5% of plan assets						
Fidelity	Carillon Reams Unconstrained Bond Class I	-	9,469,671.00	9,261,631.00	9,469,671.00	208,040.00
Fidelity	FPA Cresent	-	8,529,939.00	8,400,064.00	8,529,939.00	129,875.00
Fidelity	First Eagle GoldFd Cl R6	-	4,598,260.00	4,583,834.00	4,598,260.00	14,426.00
Fidelity	JP Morgan Strategic Income Opps R5	-	6,976,470.00	6,976,470.00	6,976,470.00	-
Fidelity	Parnassus Core Equity Investor	-	8,736,107.00	8,383,181.00	8,736,107.00	352,926.00
Fidelity	Thornburg Strategic Income I	-	9,419,987.00	9,221,672.00	9,419,987.00	198,315.00
Fidelity	Victory Global Energy Transition	-	5,186,111.00	5,305,749.00	5,186,111.00	(119,638.00)
Fidelity	US Treasury Sec DTD 11/15/2023 4.5% 11/15/2033	10,533,203.00	-	10,533,203.00	10,123,400.00	n/a
Fidelity	US Treasury Sec DTD 11/30/2023 4.375% 11/15/2028	10,235,938.00	-	10,235,938.00	10,232,800.00	n/a
Fidelity	US Treasury Sec DTD 11/30/2023 4.375% 11/15/2028	-	10,142,188.00	10,235,938.00	10,306,300.00	(93,750.00)
Fidelity	US Treasury Sec DTD 2/15/2014 Zero Cpn 2/15/2044	-	4,949,120.00	4,949,120.00	4,949,120.00	-
Fidelity	US Treasury Sec DTD 11/15/2023 4.5% 11/15/2033	-	10,259,766.00	10,533,203.00	10,560,600.00	(273,437.00)
Fidelity	US Treasury Bond Strio Date 8/16/1999 0% 8/15/2029	-	4,923,820.00	4,813,500.00	4,923,820.00	110,320.00
Kohinoor	Kohinoor Core (cayman) Fund Cl A	-	4,383,312.00	4,480,993.00	4,383,312.00	(97,681.00)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Fidelity	Cash Reserves	168,124,077.00	-	168,124,077.00	168,124,077.00	n/a
Fidelity	Cash Reserves	-	169,354,818.00	169,354,818.00	169,354,818.00	-
Fidelity	Salient MLP & Energy Infrastructe R6	-	7,722,541.00	7,707,775.00	7,697,932.00	(9,843.00)
Fidelity	US Treasury Sec DTD 2/15/2014 Zero Cpn 2/15/2044	4,949,120.00		4,949,120.00	4,933,930.00	n/a
Fidelity	US Treasury Bond Strio Date 8/16/1999 0% 8/15/2029	4,813,500.00		4,813,500.00	5,034,780.00	n/a

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
The Holyoke Hospital Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Holyoke Medical Center, Inc.

D Employer Identification Number (EIN)
22-2520073

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2023

2 Assets:

a Market value	**2a**	85,117,289
b Actuarial value	**2b**	85,117,289

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	748	67,773,083	67,773,083
b For terminated vested participants	340	15,849,326	15,849,326
c For active participants	240	15,230,589	15,230,589
d Total	1,328	98,852,998	98,852,998

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.18 %

6 Target normal cost

a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,384,000
c Target normal cost	**6c**	1,384,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE DAVID MIRABITO DM — 09/15/2025

Signature of actuary — Date

DAVID MIRABITO — 2304903

Type or print name of actuary — Most recent enrollment number

SENTINEL BENEFITS GROUP, INC. — 781-914-1200

Firm name — Telephone number (including area code)

100 QUANNAPOWITT PARKWAY, SUITE 402

WAKEFIELD MA 01880

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.38 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,853
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.36 %		99
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,952
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.10 %
15	Adjusted funding target attainment percentage	15	86.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2024	210,873	0	10/18/2024	3,991,530	0
02/15/2024	210,873	0	10/24/2024	4,600,000	0
03/15/2024	210,873	0			
04/15/2024	210,873	0			
05/15/2024	210,873	0			
06/15/2024	210,873	0			
07/15/2024	210,873	0			
08/15/2024	210,873	0			
08/30/2024	1,000,000	0			
09/03/2024	1,000,000	0			
09/04/2024	1,000,000	0			
09/06/2024	1,000,000	0			
09/17/2024	210,873	0			
10/15/2024	210,873	0			
			Totals ► 18(b)	14,700,260	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	14,293,468

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,384,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13,735,709	1,041,936
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,425,936

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	2,425,936
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	14,293,468

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	11,867,532
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Exposure	(3) Retirement Rate Decrement	(4) Number Retired At Age (2) x (3)	(5) (1) X (4)
55	1000.0000	0%	0.0000	0.000
56	1000.0000	0%	0.0000	0.000
57	1000.0000	0%	0.0000	0.000
58	1000.0000	0%	0.0000	0.000
59	1000.0000	0%	0.0000	0.000
60	1000.0000	0%	0.0000	0.000
61	1000.0000	0%	0.0000	0.000
62	1000.0000	0%	0.0000	0.000
63	1000.0000	0%	0.0000	0.000
64	1000.0000	0%	0.0000	0.000
65	1000.0000	100%	1000.0000	65000.000
				65000.000

Weighted Average Retirement Age (Rounded to Nearest Whole Year) = 65000.000 / 1000 = 65

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Line 19 – Discounted Employer Contributions

Effective Interest Rate: 5.18%

Late Quarterly Payment Interest Rate: 10.18%

Date	Amount	Plan Year	Discounted At Effective Int	Discounted w/ Late Int
01/15/2024	$210,873	2023	$209,564	$209,564
02/15/2024	$210,873	2023	$208,667	$208,667
03/15/2024	$210,873	2023	$207,832	$207,832
04/15/2024	$210,873	2023	$206,942	$206,942
05/15/2024	$210,873	2023	$206,085	$206,085
06/15/2024	$210,873	2023	$205,203	$205,203
07/15/2024	$210,873	2023	$204,353	$204,353
08/15/2024	$210,873	2023	$203,478	$203,478
08/30/2024	$1,000,000	2023	$962,931	$962,931
09/03/2024	$1,000,000	2023	$962,398	$962,398
09/04/2024	$1,000,000	2023	$962,265	$962,265
09/06/2024	$1,000,000	2023	$961,999	$961,999
09/17/2024	$210,873	2023	$202,551	$202,551
10/15/2024	$210,873	2023	$201,768	$201,768
10/18/2024	$3,991,530	2023	$3,991,530	$3,991,530
10/24/2024	$4,600,000	2023	$4,395,902	$4,395,902

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Part V – Summary of Plan Provisions

Plan Termination

The plan terminated effective May 15, 2024.

Effective Date and Plan Year

The effective date of the plan is October 1, 1961. The plan year is the 12-month period from December 1 to the following November 30.

Eligibility for Coverage

All employees of Holyoke Hospital, Inc. who have attained age 21 and completed one year of service by November 30, 2008. After November 30, 2008, no additional employees are eligible to participate in the plan.

Entry Date

The day eligibility requirements are met.

Normal Retirement Date

The first day of the month following the attainment of age 65 or the 5th anniversary of commencement of participation, if later.

Benefit Service

Determined according to the following schedule:

Hours Per Year	Year Credit
1,800 or more	1.0
1,600 – 1,800	0.9
1,400 – 1,600	0.8
1,200 – 1,400	0.7
1,000 – 1,200	0.6
Less than 1,000	0.0

Provided, however, in any plan year in which an employee's service starts of stops, the employee is credited with a fraction of a year of benefit service (not to exceed 1.0) equal to the number of hours divided by 1,800.

No additional benefit service is recognized after November 30, 2008.

Vesting Service

Earned for each plan year in which at least 1,000 hours of service are credited.

Compensation

(1) Compensation is basic annual earnings plus overtime and bonuses.
(2) Average monthly compensation is the average of the participant's monthly compensation over the highest 5 consecutive plan years of service of the last 10 plan years of service in which benefit service is awarded through November 30, 2008.

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Part V – Summary of Plan Provisions

Normal Retirement Benefit

The sum of (1) and (2) as follows:

(1) 1.00% of average monthly compensation up to $1,500 times benefit service (maximum 30 years).
(2) 1.50% of average monthly compensation in excess of $1,500 times benefit service (maximum 30 years).

Effective November 30, 2008, all future benefit accruals under the plan ceased.

Normal form of payment is life annuity.

Maximum annual benefit is $230,000 per IRC Section 415.

Maximum compensation considered is $285,000 per IRC Section 401(a)(17).

Early Retirement

(1) Eligibility requirements: retirement following the attainment of age 55 and the completion of 5 years of vesting service.
(2) Monthly benefit is the normal retirement benefit accrued to early retirement, then reduced by 7% for each of the first 5 years and 4% for each of the next 5 years by which early retirement precedes normal retirement date.

Vested Termination Benefit

Upon termination after 5 years of vesting service, 100% of the accrued benefit deferred to normal retirement date.

Pre-retirement Death Benefit

A vested participant who is married will receive a benefit equal to the survivor portion of a 50% joint-and-survivor annuity, based on the benefit accrued to the date of death. This benefit is deferred to no earlier than the early retirement date of the deceased participant (or immediately if eligible for early retirement) and is reduced by the appropriate early retirement and joint-and-survivor factors.

No death benefit is payable if the participant is not vested or not married.

Notwithstanding the above, upon death on or after normal retirement date, but before commencement of benefits and in the absence of a benefit election, a married participant's spouse will receive a benefit equal to the survivor portion of a 100% joint-and-survivor annuity and an unmarried participant's beneficiary will receive a benefit equal to the survivor portion of a 10-year certain-and-life annuity (i.e., 120 monthly payments).

Disability Benefit

The is no disability benefit payable from the plan. However, if a participant attains age 55 with 10 years of vesting service prior to the commencement of a Social Security Disability Benefit, years of benefit service continue to accrue at the rate for the plan year preceding disability. Service credited during disability is limited to 50% of the benefit service earned prior to commencement of the Social Security Disability Benefit and continues until the earlier of November 30, 2008, or normal retirement date.

	Name of Plan:	The Holyoke Hospital Pension Plan		
	Three Digit Plan Number:	001		
	Employer Identification Number:	22-2520073		
	Schedule H, line 4i - Assets Held at Year End	11/30/2024		
(a)	(b)Identity of issuer, borrowor, lessor or similar party	(c)Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)Cost*	(e)Current Value
*	Holding and recapture accounts	7 day yield	415,993.00	415,993.00
	Electron Global Fund	Redemption Holdback	177,295.00	177,295.00
	Totals		593,288.00	593,288.00

* Party-in-interest as defined by ERISA.

The Holyoke Hospital Pension Plan

EIN/PN: 22-2520073/001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	PV of Installments	Date Established	Years Remaining	Amortization Installment
Shortfall	2,330,841	12/1/2023	15	213,460
Shortfall	5,033,578	12/1/2022	14	483,335
Shortfall	(3,650,011)	12/1/2021	13	(369,287)
Shortfall	10,021,301	12/1/2020	12	1,074,428
Total	13,735,709			1,401,936